
Wisconsin Chronic Disease Program Companion Document to HIPAA Implementation Guide: NCPDP 5.1

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Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to Wisconsin Chronic Disease Program (WCDP).

The companion documents are designed to be used with HIPAA Implementation Guides. Companion documents provide WCDP specific information that details the way to create HIPAA transactions for WCDP and explains how WCDP creates HIPAA transactions. Companion documents clarify the HIPAA-designated standards usage but are not intended to supercede them. The purpose of companion documents is to provide trading partners with a guide to communicate the WCDP specific information required to successfully exchange transactions electronically with WCDP.

Wisconsin Medicaid will accept and transfer HIPAA-compliant NCPDP 5.1 transactions to WCDP for processing. However, all WCDP pharmacy claim adjustments must be submitted on paper. Also, a compliant transaction that doesn't contain WCDP-specific information, though processed, may be denied for payment. For example, a compliant 837 claim created without a WCDP client identification number will be processed by WCDP, but will be denied payment.

Companion documents highlight the data elements significant for WCDP. For transactions created by WCDP, companion documents explain how certain data elements are processed. Please refer to the companion document first if there is a question about how WCDP processes a HIPAA transaction. For further information, contact the Division of Health Care Financing (DHCF) Electronic Data Interchange (EDI) Department at (608) 221-9036.

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Companion Document Revision Log: **NCPDP 5.1**

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Modified by: L. Lestina

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Field Added/ Revised	Page(s) Revised	Text Added/ Revised
408-D8	6 (Claim Segment)	<p>Field Name: Dispense As Written (DAW)/Product Selection Code</p> <p>Value: 0 = No Product Selection Indicated</p> <p style="padding-left: 40px;">1 = Substitution Not Allowed by Prescriber</p> <p style="padding-left: 40px;">8 = Substitution Allowed – Generic Drug Not Available in Marketplace</p> <p>M/R/RW: R</p> <p>Comment: Note: WCDP will accept values “0”, “1”, or “8” for claims with a Fill Date of 7/1/04 or greater.</p>

B1 Billing Request

Transaction Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
101-A1	BIN Number	610499	M	Enter the Wisconsin Medicaid BIN number. Wisconsin Medicaid will receive WCDP transactions and transfer the transactions to WCDP for processing.
102-A2	Version/Release Number	51	M	
103-A3	Transaction Code	B1	M	
104-A4	Processor Control Number		M	Not used by WCDP.
109-A9	Transaction Count	1 = 1 Occurrence 2 = 2 Occurrences 3 = 3 Occurrences	M	

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Field Number	Field Name	Value	M/R/RW	Comment
		4 = 4 Occurrences		
202-B2	Service Provider ID Qualifier	05 = Medicaid	M	
201-B1	Service Provider ID		M	Enter the 8-digit WCDP provider ID. <i>Note:</i> Pad with spaces on the right.
401-D1	Date of Service	Format of CCYYMMDD.	M	Enter the date the prescription was filled.
110-AK	Software Vendor/Certification ID		M	Enter the Wisconsin Medicaid assigned vendor code. <i>Note:</i> For testing, use "TESTMOD0." Pad with spaces on the right.

Insurance Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	04 = Insurance	M	
302-C2	Cardholder ID		M	Enter the patient's 10-digit WCDP identification number as shown on the WCDP client ID card. <i>Note:</i> The first character must equal "C", "K", or "H".

Patient Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	01 = Patient	M	
310-CA	Patient First Name		R	Enter the patient's first name.
311-CB	Patient Last Name		R	Enter the patient's last name.

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Field Number	Field Name	Value	M/R/RW	Comment
307-C7	Patient Location	0 = Not specified 1 = Home 2 = Inter-Care 3 = Nursing Home 4 = Extended care facility 5 = Rest Home 6 = Boarding Home 7 = Skilled care facility 8 = Sub-Acute Care Facility 9 = Acute Care Facility 10 = Outpatient 11 = Hospice	R	Enter patient location
332-CY	Patient ID		O	Enter the patient's control number

Claim Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	07 = Claim	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx billing	M	
402-D2	Prescription/Service Reference Number		M	Enter the 7-digit prescription number.
436-E1	Product/Service ID Qualifier	03 = National Drug Code (NDC)	M	
407-D7	Product/Service ID		M	Enter the 11-digit NDC identifying the drug dispensed.
442-E7	Quantity Dispensed		R	<i>Note:</i> The maximum length allowed is 8 bytes. If more than 8 bytes are submitted, the transaction will be rejected. Format: s99999v999
403-D3	Fill Number	0 = Original dispensing 1 - 99 = Refill number	R	

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Field Number	Field Name	Value	M/R/RW	Comment
405-D5	Days Supply		R	Enter the estimated number of days prescription will last.
406-D6	Compound Code	0 = Not specified 1 = Not a compound	R	<i>Note:</i> WCDP will only accept values "0" or "1". Compound drugs are not covered by WCDP and will be rejected.
408-D8	Dispense As Written (DAW)/Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber 8 = Substitution Allowed – Generic Drug Not Available in Marketplace	R	<i>Note:</i> WCDP will accept values "0", "1", or "8" for claims with a Fill Date of 7/1/04 or greater.
414-DE	Date Prescription Written		R	Enter the date the prescription was written by the prescriber.
308-C8	Other Coverage Code	0 = Not specified 1 = No other coverage identified 2 = Other coverage exists - payments collected 3 = Other coverage exists - this claim not covered 4 = Other coverage exists - payment not collected 5 = Managed care plan denial 6 = Other coverage denied - not a participating provider 7 = Other coverage exists - not in effect at time of service	R	

Pricing Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11 = Pricing	M	

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Field Number	Field Name	Value	M/R/RW	Comment
426-DQ	Usual and Customary Charge		R	Enter the billed amount. <i>Note:</i> Negative dollar amounts will not be accepted.
430-DU	Gross Amount Due		R	Enter the total price claimed from all sources. <i>Note:</i> Negative dollar amounts will not be accepted.

Prescriber Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	03 = Prescriber	M	
466-EZ	Prescriber ID Qualifier	12 = Drug Enforcement Administration (DEA)	R	
411-DB	Prescriber ID		R	Enter the 9-digit DEA number of the prescriber.

Coordination of Benefits/Other Payments Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	05 = Coordination of Benefits/Other Payments	M	
337-4C	Coordination of Benefits/Other Payments Count	1 = 1 set of data follows	M	Indicates the number of repetitions that follow for the fields in this grouping: <ul style="list-style-type: none"> • Other payer coverage type. • Other payer amount paid count. • Other payer date. <ul style="list-style-type: none"> • Other payer amount paid qualifier. • Other payer amount paid. <i>Note:</i> Only 1 set of COB fields will be accepted. If more than one occurrence is submitted, the

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Field Number	Field Name	Value	M/R/RW	Comment
				transaction will be rejected.
338-5C	Other Payer Coverage Type	99 = Composite	M	
443-E8	Other Payer Date		RW	Enter other payer paid date
341-HB	Other Payer Amount Paid Count	1 = 1 set of data follows	RW	<p>Enter when fields 342-HC and 431-DV are submitted.</p> <p>Maximum of 1 occurrence supported. If more than 1 occurrence is sent, the transaction will be rejected.</p> <p>Indicates the number of repetitions that follow for the fields in this grouping:</p> <ul style="list-style-type: none"> • Other payer amount paid qualifier. • Other payer amount paid.
342-HC	Other Payer Amount Paid Qualifier	08 = Sum of all reimbursement	RW	Enter when field 431-DV is submitted.
431-DV	Other Payer Amount Paid		RW	<p>Enter the sum of all reimbursement from all other payers.</p> <p><i>Note:</i> Negative dollar amounts will not be accepted.</p>

B1 Accepted Response
Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the

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Field Number	Field Name	Value	M/R/RW	Comment
				request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response status	M	
112-AN	Transaction Response Status	C = Captured R = Rejected	M	Transaction response status value of "C" means that the Wisconsin Medicaid POS system has accepted your transaction and that the transaction is being transferred to WCDP for processing
503-F3	Authorization Number		R	This field contains a generated authorization number
510-FA	Reject Count	1 - 10	RW	<i>Note:</i> This field will only display when field 112-AN = "R."

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Field Number	Field Name	Value	M/R /RW	Comment
511-FB	Reject Code		RW	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values. <i>Note:</i> This field will only display when field 112-AN = "R."
546-4F	Reject Field Occurrence Indicator		RW	This field contains the counter number or occurrence of the field that is being rejected. <i>Note:</i> This field will only display when the field in error is a repeating field and field 112-AN = "R."

Response Claim Segment

Field Number	Field Name	Value	M/R /RW	Comment
111-AM	Segment Identification	22 = Response claim	M	
455-EM	Prescription/Service Reference Number Qualifier		M	This field contains the same value as submitted on the request.
402-D2	Prescription/Service Reference Number		M	This field contains the same value as submitted on the request.
509-F9	Total Amount Paid		M	This field contains the same value submitted in the U&C field on the claim and is not an actual paid amount.

B1 Rejected Response

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Response Header Segment

Field Number	Field Name	Value	M/R/RW	Comment
102-A2	Version/Release Number		M	This field contains the same value as submitted on the request.
103-A3	Transaction Code		M	This field contains the same value as submitted on the request.
109-A9	Transaction Count		M	This field contains the same value as submitted on the request.
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier		M	This field contains the same value as submitted on the request.
201-B1	Service Provider ID		M	This field contains the same value as submitted on the request.
401-D1	Date of Service		M	This field contains the same value as submitted on the request.

Response Status Segment

Field Number	Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	21 = Response status	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		R	This field contains a generated authorization number
510-FA	Reject Count	1 - 10	R	
511-FB	Reject Code		R	This field contains an NCPDP reject code; reference NCPDP September 1999 Data Dictionary, Appendix F, for a list of valid values.

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Field Number	Field Name	Value	M/R/RW	Comment
546-4F	Reject Field Occurrence Indicator		RW	<p>This field contains the counter number or occurrence of the field that is being rejected.</p> <p><i>Note:</i> This field will only display when the field in error is a repeating field.</p>